



A SNAPSHOT OF GEORGIA



INDIGENT CARE TRUST FUND

Overview

The Indigent Care Trust Fund (ICTF) was established in 1990 to expand Medicaid eligibility and services, support rural and other health care providers, primarily hospitals, which serve the medically indigent, and fund primary health care programs for medically indigent Georgians. The ICTF is an umbrella program which contains the Disproportionate Share Hospital program, (DSH) nursing home provider fees, Care Management Organization provider fees; breast cancer tag fees, ambulance rates and other uninsured/indigent initiatives such as the Robert Wood Johnson grant Covering Kids Initiative. With ICTF funding, even uninsured people who do not qualify for Medicaid may receive health care from participating hospitals.

Program Description

DSH is a federal program that works to increase health care access for the poor. Hospitals that treat a disproportionate number of Medicaid and other indigent patients qualify for DSH payments through the Medicaid program based on the hospital's estimated uncompensated cost of services to the uninsured. DSH represents the largest component of ICTF payments distributed through Georgia Medicaid.

Georgia statute requires Nursing Home Provider Fees remitted to the ICTF to be matched with federal Medicaid funds and made available for the provision of support to nursing homes that disproportionately serve the medically indigent. Additionally, proceeds from the sale of breast cancer license tags are deposited into the ICTF and are to be used to fund cancer screening and treatment related programs for those persons who are medically indigent and may have breast cancer. Such programs may include education, breast cancer screening, grants-in-aid to breast cancer victims, pharmacy assistance programs for breast cancer victims, and other projects to encourage public support for the special license plate and the activities which it funds.

Funding Indigent Care Trust Fund

ICTF is funded through voluntary intergovernmental transfers or contributions from participating public hospitals, and other government entities, provider fees such as tag revenues, Certificate of Need (CON) penalties, ambulance licensure fees and charitable funds, and federal funds. The federal-to-hospital contributions match is approximately 60/40 for expenditures and 50/50 for administrative expenditures. Using a formula based on information about the hospital's estimated uncompensated Medicaid and uninsured care, the Division of Financial Management determines the payment amount each hospital is eligible to receive and annually distributes DSH funds to those hospitals.

QUALIFYING FOR DSH & ICTF

To qualify for DSH, a hospital must satisfy both federal criteria and at least one of the state criteria.

Federal Criteria

- Provide non-emergency obstetrical services to Medicaid recipients (if those services were provided on or before December 22, 1987)
- Have a Medicaid inpatient utilization rate of at least one percent

State Criteria

- Inpatient utilization rate greater than the mean rate plus one standard deviation
- Low-income inpatient utilization rate greater than 25 percent
- Medicaid charges greater than 15 percent of total charges
- Hospital with the largest number of admissions in its area
- Children's hospital
- Hospital designated as a regional perinatal center
- Hospital designated a Medicare rural referral center and a Medicare DSH provider
- State-owned and operated teaching hospital
- A small, rural public hospital with a Medicaid inpatient utilization rate of at least one percent